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## **SUPPLEMENTAL Application Data Sheet**

### **Application Information**

Application number:: 10/824,936  
Filing Date:: 04/14/04  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: METHODS AND APPARATUS FOR  
OBTAINING ENDOLUMINAL ACCESS  
Attorney Docket Number:: 021496-000700US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 1B  
Total Drawing Sheets:: 6  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: VAHID  
Family Name:: SAADAT  
City of Residence:: Saratoga  
State or Province of Residence:: CA  
Street of Mailing Address:: 12679 Kane Drive  
City of Mailing Address:: Saratoga  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95070

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: DESMOND  
Family Name:: BIRKETT  
City of Residence:: Boston  
State or Province of Residence:: MA  
Street of Mailing Address:: 8 Charles River Square  
City of Mailing Address:: Boston  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02114-3266

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: CHRIS  
Family Name:: ROTHE  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Street of Mailing Address:: 1593 Sabina Way  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95118

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: TRACY  
Family Name:: MAAHS  
City of Residence:: Rancho Santa Margarita  
State or Province of Residence:: CA  
Street of Mailing Address:: 11 Paseo Simpatico  
City of Mailing Address:: Rancho Santa Margarita  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92688

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Assignee Information**

~~Assignee Name:: USGI Medical Corp.~~  
Assignee Name:: USGI Medical Inc.  
Street of mailing address:: 3511 Thomas Road, Suite 1  
City of mailing address:: Santa Clara  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92688